24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yangara
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination 09 09 09 09 09
Mailing Address Political Action Fund Voluntary Ac	
5 Gateway Center	Amount
City State Zip Code	193.37
Pittsburgh PA 15222	Transaction ID : D542483 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
United Steelworkers of America Political Action Fund	09 28 2014
Mailing Address Political Action Fund Voluntary Ac	Amount
5 Gateway Center	Allouit
City State Zip Code Pittsburgh PA 15222	32.67 Transaction ID : D542488
Purpose of Expenditure Category	Date of Disbursement or Obligation
Inkind Staff Travel Category/ Type 002	09 / 28 / 2014
	ce Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For:
•	
(a) SUBTOTAL of Itemized Independent Expenditures	226.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	1 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature Date	09 30 2014

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	Amends report filed on	, J , J , J , J , J , J , J , J , J , J
Full Name of Payee United Steelworkers of America Political Action Fu	ınd	of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac		09 28 2014
5 Gateway Center	Amou	nt
City State Zip	Code	342.05
Pittsburgh PA 152		action ID: D542491 of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Ca		09 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District:00
ALISON LUNDERGAN GRIMES	Oppose Preside	ent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 4351	2.72 Disbursemen 2014 O	t For: Primary
Full Name of Payee	Date	of Public Distribution/Dissemination
United Steelworkers of America Political Action Fund	M	09 28 2014
Mailing Address Political Action Fund Voluntary Ac	Amou	
5 Gateway Center	Amou	
	Code	346.76
Pittsburgh PA 152		of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Ca	tegory/ Type 002	09 / 28 / Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District:00
MITCH MCCONNELL	X Oppose Preside	ent X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursemen 2014 O	t For: Primary X General wher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	688.81
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	· · ·	7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		•
Ms. Elizabeth H Shuler [Electronically	Filed] Date 09	30 / 2014
Signature		

Schedule E)	INDENT EXICIO	TIONES	PAGE 3 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	port New rep	port Amends repo	ort filed on
Full Name of Payee Voices of the American Fede	ration of Governr	ment Employees	M - M / B - B / I - I - I - I
Mailing Address 80 F Street, NW			09 28 2014 Amount
0.1	Otata	7:- 0-1-	
City Washington	State DC	Zip Code 20001	0.90 Transaction ID : D542502 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
CORY GARDNER		X Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		17670.98	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee	tion of Covernment of	ot Empeloya a a	Date of Public Distribution/Dissemination
Voices of the American Federa	tion of Governmen	it Employees	09 28 2014
Mailing Address 80 F Street, NW			Amount
City	State	Zip Code	65.40
Washington	DC	20001	Transaction ID : D542503 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 28 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		43512.72	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	openditures		. ▶ 66.30
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			•
	y candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	09 30 / 2014

Schedule E)		PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Voices of the American Federation of Government	t Employees	f Public Distribution/Dissemination
Mailing Address 80 F Street, NW	Amour	09 28 2014 ut
		05.40
City State Zip C Washington DC 2000	O1 Transa	65.40 action ID : D542511 f Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Cat	tegory/ M	09 / 28 / 2014
Name of Federal Candidate	Support Office Sought	: House District: 00
MITCH MCCONNELL	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 4351	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Voices of the American Federation of Government Em	nnlovees	of Public Distribution/Dissemination
Mailing Address 80 F Street, NW	Amour	09 28 2014 nt
City State Zip (Code	94.70
Washington DC 200	01 Transac	ction ID : D542512 If Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Cat		09 28 2014
Name of Federal Candidate	X Support Office Sought	: House District: 00
MARK E UDALL	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	7670.98 Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures		160.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		7 7 7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Signature	Filed] Date 09	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee AFL-CIO	Date	of Public Distribution/Dissemination
		09 28 2014
Mailing Address 815 - 16th Street, NW	Amo	unt
City State Zip Code)	2.39
Washington DC 20006		saction ID : D542700 e of Disbursement or Obligation
Purpose of Expenditure Walk Packets Categor Typ	004	09 / 28 / 2014
Name of Federal Candidate	Support Office Soug	ght: House District:00
MARK E UDALL	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2014	ent For: Primary
Full Name of Payee AFL-CIO	Date	e of Public Distribution/Dissemination
Mailing Address		09 28 2014
Mailing Address 815 - 16th Street, NW	Amo	punt
City State Zip Code	,	0.90
Washington DC 20006	-	saction ID : D542709 e of Disbursement or Obligation
Purpose of Expenditure Walk Packets Categor Typ		09 / 28 / Y 2014
Name of Federal Candidate	Support Office Soug	ght: House District: 00
TERRI LYNN LAND	Oppose Presid	dent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 41348	Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		3.70
(a) SUBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	- L	3.29
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 5
(c) TOTAL Independent Expenditures	·	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		•
Ms. Elizabeth H Shuler [Electronically Filed	dJ Date 09	30 / 2014
Signature		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Mailing Addrass out tout Or in New	09 28 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	0.90
Washington DC 20006	Transaction ID : D542716 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e Sought: House District: 00
GARY PETERS Oppose	President State: MI Senate
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Colorado AFL-CIO L2K	09 28 2014
Mailing Address 140 Sheridan Blvd	Amount
City State Zip Code	326.79
Denver CO 80226	Transaction ID : D542734 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 28 / 2014
	ee Sought: House District: 00
MARK E UDALL Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
(-) CURTOTAL of Naminal Independent Europeditures	
(a) SUBTOTAL of Itemized Independent Expenditures	327.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 30 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	71101120	PAGE 7 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		0 55 5 25
Check if 24-hour report X 48-hour report New rep	port Amends report fi	iled on M M M / D D / Y Y Y Y Y
Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination
		09 28 7 2014
Mailing Address 1625 L Street, NW		Amount
City State	Zip Code	164.57
Washington DC	20036	Transaction ID : D542520 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 28 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
GARY PETERS	Oppose [President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
AFSCME for Michigan		M = M / D = D / Y = Y = Y
Mailing Address 1625 L Street, NW		09 28 2014
1020 2 5551,		Amount
City State	Zip Code	152.79
Washington DC	20036	Transaction ID : D542523 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 28 / 2014
Name of Federal Candidate	Support O	Office Sought: House District: 00
TERRI LYNN LAND	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 014 Other (specify) ▶
-		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	317.36
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date	09 30 2014
Signature		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayay
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW	09 28 2014
	Amount
City State Zip Code	66.29
Washington DC 20036	Transaction ID : D542748 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
GARY PETERS Oppose	President State: MI Senate
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW	09 28 2014
1025 L Street, NVV	Amount
City State Zip Code	66.29
Washington DC 20036	Transaction ID : D542756 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 28 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
TERRI LYNN LAND Oppose	President State: MI Senate
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	132.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1922.17
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
24.0	9 30 Y Y Y Y Y Y Y
Signature	